tion the characteristic symptoms of cachexia strumipriva appeared. Feeding with sheep's and calves' thyreoids (according to Kocher's method) brought the patient through the life-threatening cachexia, and caused a great improvement in her general condition. The discharge of a whitish, creamy, fatless pus, which had been accompanied with no fever, quickly cease after the treatment was begun.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

HEAD AND NECK.

I. **Craniectomy in Microcephalus.** By Dr. H. TILL-MANNS (Leipzig). Lannelongue was the first to recommend craniectomy in microcephalus and other brain-diseases. He operated upon a large number of cases. He has reported twenty-five craniectomies in children, from eight months to twelve years of age, with one death and remarkably good results in the other cases, especially observed in improvement of the intelligence and general condition. These favorable results in microcephalus have not been accomplished by other surgeons who have resorted to craniectomy. The operation consisted usually in the extirpation of a strip of bone about one centimetre broad and ten or twelve centimetres long, parallel with the longitudinal sulcus and about two finger-breadths therefrom, involving the frontal and parietal bones. Many surgeons have made even longer and wider openings than these, involving the frontal, parietal, and occipital bones. Some have divided the skull into two parts by a circular operation, so that the upper segment was movable. The object of craniectomy in microcephalus is to remove the abnormal pressure upon the brain and allow a freer growth of the latter.

Tillmanns regards the operation as of no value in the greatest number of cases of microcephalus, because in most cases the disease represents a congenital misformation of the brain itself which cannot be influenced by the production of defects in the skull. The growth of the brain in cases of microcephalus is usually not hindered by the hones of the skull, but the skull grows too little because the enclosed

brain mass is too small. The sutures and fontanelles are usually present and naturally developed. Only in the rare cases of microcephalus with premature closure of the fontanelles and union of the sutures is craniectomy of value. Here the surgeon may attempt to imitate the function of the sutures by making artificial bony defects at both sides of the longitudinal sulcus in order to favor the growth of the brain and the skull.

Tillmanns has done craniectomy in two cases belonging to this last category. The first was a boy sixteen months old, and at the end of a year is still living, though no improvement worth mentioning has been observed. The other was a girl two and a half years of age, who died suddenly eight and a half weeks after the operation. No improvement was observed as a result of the operation.

The technique recommended by Tillmanns consists in a division of the soft parts at a different level from the bone operation by making a scalp flap. After reflecting back this flap the periosteum is not scraped back, but is removed with the segment of skull, so that the defect shall not become refilled with bone. With a small trepan, about one and five-tenths centimetres in diameter, a hole is made in the parietal bone, from which as a centre the bone-cutter can be introduced and a piece ten or twelve centimetres long and one centimetre wide can be removed parallel with the sulcus longitudinalis, involving also the frontal bone. The dura mater must not be damaged. The scalp is then flapped back into place and sutured. The same operation is performed on the other side.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

II. A New Operative Procedure for the Cure of Bony Ankylosis of the Temporo-Maxillary Joint. By Dr. HELFERICH (Greifswald).

Helferich has presented an eight-year-old girl on whom he operated a year before for a left-sided ankylosis of the jaw. The result of the operation is a perfect one, the child being able to open the mouth without any difficulty.

The operation is new in that an interposition of muscular sub-